



118 Main St NE, PO Box 8
New Albin, IA 52160
P: 563-544-4214; 888-689-1898

Savings & Checking Account Application

I am applying: Individually Joint **Type of Account:** Savings Checking

Section A Information About the Applicant

Full Name: _____ Social Security Number: _____
Street Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
Years at this Address: _____ Phone Number: _____
Current Employer: _____ Position or Title: _____
Employer's Street Address: _____ Employer's Phone: _____
City: _____ State: _____ Zip: _____
Years with Current Employer: _____
Reference (someone not living with you): _____ Ref Phone Num: _____

Section B Information About the Co-Applicant

Full Name: _____ Social Security Number: _____
Street Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____
Years at this Address: _____ Phone Number: _____
Current Employer: _____ Position or Title: _____
Employer's Street Address: _____ Employer's Phone: _____
City: _____ State: _____ Zip: _____
Years with Current Employer: _____
Reference (someone not living with you): _____ Ref Phone Num: _____

Everything I have stated in this application is correct to the best of my knowledge. I understand that I may be guilty of perjury if I made any material mis-statements. I also understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Applicants Signature: _____ Date: _____

Co-Applicants Signature: _____ Date: _____